

STADIUM EVENT REQUEST FORM



A. Applicant Information Applicant Name:	Organization Na	ime:
Applicant Name.	Organization No	
Applicant Address:		
City:	State:	Zip:
Phone:	Fax:	Email:
B. Event Information		
Date(s) of Event:	Event Times:	
Time of Event Setup:	Time of Event Breakdown:	Field Dimensions:
Event Name:	Sport:	Estimated Number of Attendees:
Age Group:	Paid Admission:	Video:
C. Reservation Specifics Please indicate which of the following items you will be providing & provide detail and information of any additional equipment in the comment section below. Booths/Vendors/Merchandise Additional Fencing PA System Canopies/Tents Scaffolding Videographer Mecklenburg County Park and Recreation will coordinate all foodvendors. To request a food vendor at your event, please check the box:		
Additional Amenities Requested		
Team Locker Rooms Press Box	Official Locker Room Conference Room	Scoreboard Internet
Comments		
have read and understand the Policies and Procedures governing the use of the Mecklenburg County Sportsplex and agree on behalf of my above-listed organization to indemnify and hold the County, its agents, and employees harmless from and against any and all costs, expenses liabilities, losses, damages, or injunctions. I also understand the submission of this application is NOT a guarantee of event approval.		
Sign Name:		Date:
card(s) inform	Mecklenburg County Park and Recreation Depar nation on file and charge payments to my card Mecklenburg County to charge my credit card(s when due and provide me a receipt fo	(s) for athletic facility reservations.) for an athletic facility rental payment (s)
Print Name:		
Sign Name:		Date: